

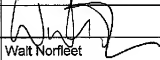
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|  |                        |                        |
|--|------------------------|------------------------|
| <h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> | Application Number     | 10/775,767-Conf. #8715 |
|  | Filing Date            | February 10, 2004      |
|  | First Named Inventor   | Andrew H. Fischer      |
|  | Art Unit               | 1797                   |
|  | Examiner Name          | W. H. Beisner          |
| Total Number of Pages in This Submission   | Attorney Docket Number | U0120.70019US00        |

**ENCLOSURES (Check all that apply)**

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Copy of cited reference Request for Continued Examination |
| Remarks   |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | WOLF, GREENFIELD & SACKS, P.C.   |          |        |
| Signature    |  |          |        |
| Printed name | Walt Norfleet  |          |        |
| Date         | November 10, 2008  | Reg. No. | 52,078 |

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: November 10, 2008

Signature:  (Lisa R. Puopolo)

|  |  |   |  |
|--|--|---|--|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).<br><h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2009</h2> |  | <b>Complete if Known</b><br>Application Number 10775,767-Conf. #8715<br>Filing Date February 10, 2004<br>First Named Inventor Andrew H. Fischer<br>Examiner Name W. H. Belser<br>Art Unit 1797<br>Attorney Docket No. U0120.70019US00 |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  |   |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 405.00   |  |   |  |

**METHOD OF PAYMENT** (check all that apply)

☐ Check 
 ☒ Credit Card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 
 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 330         | 165                   | 540         | 270                   | 220              | 110                   |                |
| Design           | 220         | 110                   | 100         | 50                    | 140              | 70                    |                |
| Plant            | 220         | 110                   | 330         | 165                   | 170              | 85                    |                |
| Reissue          | 330         | 165                   | 540         | 270                   | 650              | 325                   |                |
| Provisional      | 220         | 110                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 52       | 26                    |
| Each independent claim over 3 (including Reissues) | 220      | 110                   |
| Multiple dependent claims                          | 390      | 195                   |

**Total Claims** 7 - 20 or HP = **Extra Claims** x **Fee (\$)** = **Fee Paid (\$)**

**Indep. Claims** 1 - 6 or HP = **Extra Claims** x **Fee (\$)** = **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.  
HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

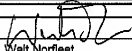
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** - 100 = **Extra Sheets** / 50 = **Number of each additional 50 or fraction thereof** x **Fee (\$)** = **Fee Paid (\$)**

**4. OTHER FEE(S)**

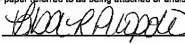
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) 405.00

|                     |   |                                   |                  |
|---------------------|---|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |   |                                   |                  |
| Signature           |  | Registration No. (Attorney/Agent) | 52,078           |
| Name (Print/Type)   | Walt Norfleet   | Telephone                         | 617.646.8000     |
|                     |   | Date                              | November 10 2008 |

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).

Dated: November 10, 2008 Signature:  (Lisa R. Puopolo)